

ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 16-JUN-2015		TIME 00:20:00	2. ADDRESS OF OCCURRENCE 100 W ONTARIO ST CHICAGO, IL 60654			3. LOCATION CODE 293	4. BEAT/OCCUR. 1832				
5. POSITION 9161		6. LAST NAME SHAAR	7. FIRST NAME KHALED W	8. STAR NO. 9039	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE BLK	11. AGE 510	12. HT. 13. WT. 190			
14. DATE OF APPT 10-MAY-1999		15. EMPLOYEE NO. 189	16. UNIT & BEAT OF ASSIGNMENT 6226C	17. DUTY STATUS <input type="checkbox"/> 01 On <input checked="" type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
20. LAST NAME CLARKE		21. FIRST NAME TERRENCE	22. M.I. GEORG	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE WHI	25. D.O.B. 15-NOV-1955	26. HT. 602	27. WT. 220			
28. ADDRESS CHICAGO, IL		29. TELEPHONE NO.	30. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT), HARDSHIFTS, BLUNT INSTRUMENT <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
33. WHERE WAS MEDICAL TREATMENT OBTAINED? NORTHWESTERN MEMORIAL HOSPITAL		34. BY WHOM?	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized			36. R.N. 19134150	37. G.S. NO. DNA				
38. CHARGES PLACED 720 ILCS 5.0/12-3.05-D-4											
INFORMATION INVOLVED IS IN WEAPUN USE/CHARGE INCIDENT INFO. SIGNATURES	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE		
	SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____
40. ADDITIONAL INFORMATION		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Good Artificial		44. WEATHER CONDITIONS RAIN			
45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE					
49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.			
54. SPECIAL WEAPON CERTIFICATE NO		55. PROPERTY INVENTORY NO		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED			
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO			
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		66. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		67. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input checked="" type="checkbox"/> 05 OTHER (Specify)			
NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR.		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC				<input type="checkbox"/> CPIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.					
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
73. REPORTING MEMBER (Print Name) SHAAR, KHALED W 16-JUN-2015 05:39:12		STAR/EMPLOYEE NO. 9039		SIGNATURE							
74. REVIEWING SUPERVISOR (Print Name) MAMMOSE, CHARLES J		STAR NO. 1863		SIGNATURE		DATE REVIEWED 16-JUN-2015 05:58:01		TIME			
PD-11.377 (REV. 3/08)											

1516700263

70. EVENT NO.

HY302886

71. RD. NO.

LOG# 1075692

Attachment 9

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HEREIN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE	<input type="checkbox"/> ONA	<input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> INTERVIEW NOT CONDUCTED (Specify Reason)
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Unable to interview because the subject is admitted to Northwestern Hospital.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

The Reporting Lieutenant has determined that more investigation is required. CL#1075692 was obtained by Sgt. Mammoser #1863: Handcuffs inventoried by ET Beat 5814

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

<input type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.	<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.
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LOG NO./CRNG. 1075692 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name) SCHMEER, PAULA C	SIGNATURE PC02619	DATE COMPLETED 16-JUN-2015	TIME 06:10:59
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79. TOTAL TR's THIS EVENT No.

1